

Out

42199

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 16 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Galena
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Harry Hugh Raible

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married
6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if 3
alive _____ years
7. Birth date of deceased August 5 1895
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 23 If less than one day
_____ hr. _____ min.

9. Birthplace Memphis Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Confectioner

11. Industry or business _____

MOTHER FATHER { 12. Name Hugh John Raible
13. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth H. Raible
15. Birthplace Detroit Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Ernest Raible

(b) Address 307 Poplar St., Galena, Mo.

17. (a) Buried (b) Date thereof 12-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Calvary

18. (a) Signature of funeral director Boice Lind

(b) Address Galena, Mo.

19. (a) 12-29-41 (b) Ed J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee
(c) City or town Galena 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. 307 Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year 1941 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from 12/17/41
12/28/41, 19____, to _____, 19____;
that I last saw him alive on 12/20/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Due to Carcinoma Colon

Due to _____
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy H6

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? _____ (Specify type of place) _____
(a) Means of injury _____

23. Signature Ed J. Jones M.D. or R.N. _____
Address Galena, Mo. Date signed 12/29/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.